

## What Plan is right for you

Plan	Plan Option One	Plan Option Two
Coverage level _____		
For: _____		
Premium _____		
<b><u>In-Network Services</u></b>		
Deductible _____		
+ Estimated number of doctor visits		
Dr. _____		
Dr. _____		
Dr. _____		
+ Estimated ER/Hospital expense		
ER: _____		
Hospital: _____		
= ESTIMATED IN NETWORK MEDICAL EXPENSE		
- IN-NETWORK OUT OF POCKET MAXIMUM+DEDUCTIBLE		
= TOTAL ESTIMATED IN NETWORK OUT OF POCKET COSTS		
<b><u>Out-of-Network Services</u></b>		
Deductible _____		
+ Estimated number of doctor visits		
Dr. _____		
Dr. _____		
Dr. _____		
+ Estimated ER/Hospital expense		
Out of network hospital _____		
+ Estimated prescription costs		
Deductible		
1. _____		
2. _____		
3. _____		
+ Naturopath/Homeopath visits		
Dr. _____		
Dr. _____		
Dr. _____		
= ESTIMATED NON-NETWORK/Rx OUT OF POCKET COSTS		
<b>TOTAL ESTIMATED 2011 OUT OF POCKET COST</b>		